

SINN FÉIN'S PRIORITIES FOR CHANGE IN:

CHILD AND YOUTH MENTAL HEALTH





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Contents

Introduction Réamhrá	6
Youth Mental Health Workshop	8
Existing Child and Youth Mental Health Services	10
Primary care mental health services	11
Specialist Child and Adolescent Mental Health Services (CAMHS) Inpatient services	12
Early intervention in psychosis	14
Standards of practice, governance, and integrated care	15
Priorities for Change	16
1. Improve access and reduce CAMHS waiting times	
2. Expand CAMHS to cover young adults up to 25 years of age	
3. Expand services for children who do not meet CAMHS criteria	
4. Invest in Early Intervention in Psychosis	
5. Regulate CAMHS and develop national standards for care	
6. Deliver integrated, person-centred care	
7. Provide funding certainty to improve planning and expand services	



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Priorities for Change

1.

**Improve access and reduce
CAMHS waiting times**

2.

**Expand CAMHS to cover young adults
up to 25 years of age**

3.

**Expand services for children who do
not meet CAMHS criteria**

4.

Invest in Early Intervention in Psychosis

5.

**Regulate CAMHS and develop national
standards for care**

6.

Deliver integrated, person-centred care

7.

**Provide funding certainty to improve
planning and expand services**

Tosaíochtaí don Athrú

1.

Rochtain a fheabhsú agus amanna feithimh do Sheirbhísí Meabhairshláinte do Leanaí agus d'Ógánaigh (SMSLÓ) a laghdú

2.

SMSLÓ a leathnú amach chun daoine fásta óg suas go 25 bliain d'aois a chlúdú

3.

Seirbhísí a leathnú do pháistí nach sásaíonn na critéir SMSLÓ

4.

Infheistiú san Idirghabháil Luath i gcás Síocóis

5.

SMSLÓ a rialáil agus caighdeán náisiúnta don chúram a fhorbairt

6.

Cúram comhtháite duinelárnach a sholáthar

7.

Cinnteacht mhaoinithe a chur ar fáil chun pleanáil agus leathnú seirbhíse a fheabhsú

Introduction

Youth mental health services are at breaking point. Mental health services and supports are overwhelmed by demand which has resulted in lengthy waiting lists. Waiting lists for Child and Adolescent Mental Health Services increased by 88% in 2022, with the number waiting over a year nearly trebling.¹ The Government published 'A Vision for Change' in 2006 but failed to implement it. They published a watered-down version, 'Sharing the Vision,' in 2020 with less detail and no costings. Unsurprisingly, little progress has been made since and waiting lists continue to get worse.

Nearly 1-in-5 (18.5%) people in Ireland have a mental health condition, above the EU average of 17.3%.² In a wider sense, young people have reported a decrease in their general wellbeing owing, in part, to the impact of Covid-19. If services are not accessible for young people, their general health and wellbeing will be adversely affected. For those in need of psychiatric help, the consequences of long waits can be devastating. Urgent, targeted, and well-planned action is needed to reduce wait times, expand services, and deliver early intervention for young people.

Current mental health services are not meeting the needs of young people. Waiting times are too long, and eligibility criteria are too narrow. 75% of mental health conditions are established by the age of 25, but young people aged 18-25 are not specifically targeted for early intervention. International best practice has shifted the focus to integrated, specialist youth mental health services which provide care for young people up to the age of 25. Early intervention is key to reducing the chance of lifelong ill-health but that chance is passing young people by.

To develop a robust and practical policy for improving youth mental health services, Sinn Féin hosted a policy workshop with key stakeholders, facilitated by Orygen, a leading Australian centre of excellence in youth mental health. In this document, we set out what works and what does not work in our current mental health system. Then, following from the outputs of stakeholder engagement and our own analysis of Irish and international youth mental health services, we set out seven priorities for change in youth mental health which would better deliver for the needs of young people.

Sinn Féin would invest in capacity to deliver the community-based teams and inpatient services needed to cut wait times. We would expand CAMHS to cover young people up to 25 to provide a holistic early intervention service in line with best practice. We would expand services in primary care, such as counselling, and expand eligibility for children and young people who do not meet the current criteria. A Sinn Féin Government would make a significant investment in early intervention in psychosis, implement proper regulation and governance of mental health services, and deliver integrated, person-centred care. We would enable this transformative change with strategic workforce planning and multi-annual financial planning.

The mental health workforce has done herculean work trying to keep a broken system running. Not only are services understaffed, but there has also been little real planning done to deliver significant and meaningful reform in youth mental health services, especially in workforce planning. Clinicians know that the system is failing young people and are seeking change. Young people are demanding it, and it is the least they deserve.

In total, our proposals in this document would cost an additional €129 million in recurring funding and €113 million in one-off or capital funding over and above committed expenditure.

1 HSE Reply to Parliamentary Question 63467-22.

2 OECD/EU (2018), Health at a Glance: Europe 2018: State of Health in the EU Cycle, OECD Publishing, Paris. https://doi.org/10.1787/health_glance_eur-2018-en, p. 22.

Réamhrá

Tá seirbhísí meabhairshláinte óige ar tí teipeadh. Tá seirbhísí agus tacaíochtaí meabhairshláinte trína chéile toisc éileamh, agus tá liostaí fada feithimh mar thoradh. Mhéadaigh liostaí feithimh do Sheirbhísí Meabhairshláinte do Leanaí agus d'Ógánaigh 88% sa bhliain 2022, agus an líon duine atá ag fanacht níos mó ná bliain tar éis méadú fá trí. D'fhoilsigh an Rialtas 'Fís don Athrú' sa bhliain 2006, ach theip orthu é a chur i bhfeidhm. D'fhoilsigh siad leagan maolaithe, 'Comhfhís', sa bhliain 2020 le níos lú sonraí agus gan costáil ar bith. Ní haon ionadh mar sin gur beag an dul chun cinn atá déanta ó shin agus na liostaí feithimh fós ag dul in olcas.

Tá fadhb meabhairshláinte ag beagnach duine as gach cúigear (18.5%) in Éireann, níos mó ná an mheán san AE de 17.3%.² Níos mó ná sin, tá titim tuairiscithe ag daoine óga ó thaobh a dheá-bhail ginearálta de, agus cuid de sin a bhuí le thionchar Cóivid-19. Muna bhfuil rochtain ag daoine óga ar na seirbhísí, beidh drochthionchar ar a gcuid sláinte agus folláin ginearálta. Dóibh siúd a theastaíonn cúnamh síciatrach uathu, is feidir leis na himpleachtaí a bheith uafásach ar fad. Teastaíonn gníomh práinneach, dírithe agus pleanáilte go maith chun amanna feithimh a laghdú, seirbhísí a leathnú, agus idirghabháil luath a sholáthar do dhaoine óga.

Ní dhéanann seirbhísí meabhairshláinte mar atá faoi láthair freastal ar riachtanais na n-óg. Tá amanna feithimh ró-fhada, agus na critéir cáilitheachta ró-chaol. Aithnítear 75% de fadhbanna meabhairshláinte faoi haois a 25, ach ní dhírítear ar dhaoine óga ar aois 18-25 go háirithe don idirghabháil luath. Tá an fócas bogtha ag an ndeachleachtas idirnáisiúnta chuig sainsheirbhísí comhtháite meabhairshláinte don óige a dhéanann cúram a chur ar fáil do dhaoine óga suas go haois a 25. Tá an idirghabháil luath ríthábhachtach chun seans an drochshláinte fadsaoil a laghdú, ach tá an seans sin imithe amú ar dhaoine óga.

Chun polasaí láidir agus praiticiúil a fhorbairt maidir le seirbhísí meabhairshláinte don óige a fheabhsú, d'eagraigh Sinn Féin ceardlann polasaí leis na páirtithe leasmhara, éascaithe ag Orygen, ionad barr feabhais ceannródach don meabhairshláinte óige san Astráil. Sa cháipéis seo, leagtar amach cad atá ag obair agus cad nach bhfeidhmíonn inár gcóras reatha meabhairshláinte. Ansin, bunaithe ar aschur na rannpháirtíochta le páirtithe leasmhara agus ár n-anailís féin ar sheirbhísí meabhairshláinte óige in Éirinn agus go hidirnáisiúnta, tá seacht dtosaíochtaí don athrú sonraithe againn don meabhairshláinte óige a dhéanfadh freastal níos fearr ar riachtanais an aos óg.

Dhéanfadh Sinn Féin infheistiú i gcumais chun foirne pobalbhunaithe agus seirbhísí d'othar cónaitheacha a theastaíonn chun amanna feithimh a ghearradh a chur ar fáil. Leathnódh muid SMSLÓ chun daoine óga suas go haois a 25 a chuimsiú chun seirbhís luathidirghabhála iomlánaíoch a chur ar fáil de réir an deachleachtas. Leathnódh muid seirbhísí sa bhunchúram, ar nós comhairleoireacht, agus leathnódh muid cáilitheacht do leanaí agus daoine óga nach sásaíonn na critéir reatha. Dhéanfadh Rialtas Shinn Féin infheistíocht suntasach san idirghabháil luath maidir le síocóis, chuirfeadh muid rialáil agus rialú mar is cóir a chur i bhfeidhm do sheirbhísí meabhairshláinte, agus sholáthródh muid cúram comhtháite duinelárnach. Thabharfadh muid deis don athrú bhunathraitheach seo trí pleanáil straitéiseach don lucht saothair agus pleanáil ilbhliantúil airgeadais a dhéanamh.

Tá obair na gcapall déanta ag lucht oibre an mheabhairshláinte iarracht a dhéanamh córas briste a choimeád ag feidhmiú. Ní hamháin go bhfuil ganntanas fóirne i gceist sna seirbhísí seo, ach is ar éigean go bhfuil fíorphleanáil ar bith déanta chun leasú suntasach agus bríoch a chur i bhfeidhm i seirbhísí meabhairshláinte óige, go háirithe pleanáil don lucht saothair. Tuigeann cliniceoirí go bhfuil an córas ag teipeadh ar dhaoine óga agus tá athrú á lorg acu. Tá daoine óga á éalú, agus is é an rud is lú é atá tuillte acu.

Ar an iomlán, bheadh costas breise de €129 milliúin i maoiniú athfhillteach agus €113 milliúin i maoiniú aonuaire nó caipitil anuas ar chaiteachas atá geallta.

1 Freagra an FSS ar Cheist Parlaiminte 63467-22.

2 ECFE/AE (2018), Sraicfhéachaint ar Shláinte: An Eoraip 2018: Staid na Sláinte i dTimthriall an AE, Foilsíú an ECFE, Páras. https://doi.org/10.1787/health_glance_eur-2018-en, p. 22.

Youth Mental Health Workshop

On the 4th of October 2022, Sinn Féin hosted a Youth Mental Health Policy Workshop in Dublin. This involved an in-depth, day-long engagement with stakeholders in the youth mental health sector. It was facilitated by Orygen, an Australian centre for excellence in youth mental health and a world leader in service design and system reform. Participants included clinicians, academics, advocates, service users, and service providers. The workshop followed the International Association of Youth Mental Health (IAYMH) Conference in Copenhagen. The IAYMH Conference showcased reform exemplars and leading research in youth mental health reform from September 29th to October 1st. It was attended by Sinn Féin's spokesperson on Mental Health Mark Ward.

The workshop commenced with presentations on local and international perspectives followed by questions & answers and themed discussions. Presentations were made on the Irish system by professionals working across domestic statutory and voluntary service providers. Professor Pat McGorry, a leading Irish-born Australian psychiatrist and executive director of Orygen, and Professor Eóin Killackey, Chief of Research at Orygen, gave presentations on developments in Australia, Canada, and Denmark, with references to other leading examples.

This session was followed by a discussion on what works in the Irish context. The view was widely held that the quality of services delivered was high where teams were appropriately staffed, but constrained by underinvestment, understaffing, system design, established procedures, and general capacity deficits across mental health and primary care. It was clear to the group that access to existing youth mental health services is a post code lottery, and that many families are forced into the private sector if they can afford it.

The participants then approached the breadth of a new youth mental health policy in small group



discussions, focussing on age; the needs of young people; youth and family engagement; gender-sensitive mental health services; digital transformation; workforce, training, and development; and quality improvement, evaluation, and research.

A series of large and small group discussions developed a framework for a new policy by identifying the challenges which would need to be addressed.

The group concluded that:

- Services are not accessible, with long waiting lists, irregular referral systems, and a general under-provision of services in many parts of the state, and that this is detrimental to clinical governance, patient safety, and young people's mental health and wellbeing,
- There is a cliff edge for young people in CAMHS on turning 18 whose needs are not met by adult mental health services,
- A focus on young people up to 25 would improve the quality and continuity of service,
- Services and access to services are limited by poor progress on digital transformation,
- CAMHS is disconnected from other services due to a lack of integration,
- Operating protocols and standards across CAMHS teams need to be made uniform and implemented consistently,
- There is an insufficient pipeline of professionals for the sector, and some professions are underdeveloped or held back from practicing at the top of their licence,
- There is a lack of early intervention services, particularly in psychosis, and
- Young people would be better served by integrated primary & community care including improved access to GPs.

Existing Child and Youth Mental Health Services

Responsibility for meeting the mental health needs of children and young people is fragmented across services depending on the severity of their need and their age. In theory, mild to moderate mental ill-health is the responsibility of primary care services whereas moderate to severe mental ill-health is the responsibility of specialist Child and Adolescent Mental Health Service (CAMHS) (0-18 years) and General Adult Mental Health Service (GAMHS) (18 years+) teams.

Existing services are not effectively catering for the diverse and changing needs of children or young people. Neither primary care nor CAMHS have the capacity to meet the needs of our children due to staffing and skills shortages and inadequate facilities. Children and young people with coexisting physical needs and disabilities face significant barriers to accessing the mental health services they need. Families and clinicians are sent from pillar to post to secure places.

The current eligibility rules for services give rise to a cliff-edge for young people at 18. Young people with moderate to severe mental ill-health are discharged to GAMHS at 18 years of age. This is contrary to international best practice and evidence which indicates that mental health services for young people should span the period from 12 to 25 years of age. Current services are supposed to operate to guidelines which stipulate a six-month transition period before a young person's 18th birthday involving introductory meetings with adult services. However, in most cases recently reviewed by the Mental Health Commission this is not happening.

There are more than 4,300 children on CAMHS waiting lists as of January 2023. That is up 88% since January 2020. 1-in-6 children are waiting over a year for their first appointment. We know from anecdotal evidence and constituency cases that a number of children with disabilities have been turned away from services due to the lack of specialist skills to provide for their needs.

As well as access, governance, and accountability deficits, problems are well documented across the absence of minimum standards, highly inadequate digital infrastructure, and a failure to mainstream best practice. All these factors undermine our existing services.

As a result of these many failures, the health and wellbeing of our children and young people is being put at risk and in many instances harmed.

Primary care mental health services

Primary care should be the first port of call for young people, children and their families who are experiencing periods of mental ill-health. Multi-disciplinary primary care teams can appropriately and efficiently triage a person based on their care needs.

Mental health supports for young people aged 12-25 are also provided by Jigsaw. Jigsaw is majority funded by the HSE. In addition to in-person primary mental health care services, Jigsaw provides access to online supports. Jigsaw is one of the recognised entry points for referral into CAMHS for some teams, but referrals are not uniformly accepted in each CHO which is exacerbating the postcode lottery in healthcare.

There are inconsistent relationships between GP medical services, Jigsaw, and secondary and acute care services. Jigsaw is not sufficiently integrated into the wider primary care and youth health system. This can be improved through association with or direct employment of a GP, or through protocols and standards. In addition, similar linkages can be developed across HSE primary care and community services, CAMHS, Jigsaw, and specialist secondary and acute care services for early intervention, mood disorders, eating disorders, and substance use. All these services must be delivered across the state to tackle the postcode lottery. Integration of services within regional health areas is key to avoiding bottlenecks.

Where services are properly integrated and sufficiently staffed across primary and community care and specialist mental health and disability services, local teams can ensure patients are seen by the right healthcare professionals as quickly as possible.

Waiting times for primary and community mental health services are lengthy. For example, there are over 11,000 children waiting on a primary care psychology appointment with 4,000 waiting for longer than a year. Access to Jigsaw services varies largely due to staffing and skills shortages and wait times can be up to 30 weeks in certain parts of the country.

70% of young people attending the HSE's specialist adolescent addiction services also had a history with CAMHS. This suggests that a stronger relationship between addiction services and CAMHS should be developed to deliver dual diagnosis treatment. Substance misuse can often lead to increased mental ill-health and periods of mental ill-health can lead to individuals turning to drugs as a form of self-medication. By strengthening this relationship between services and building on communication, individuals who experience dual diagnoses can receive earlier specialist treatment.

The official plan for the future of our mental health services, 'Sharing the Vision,' sets out that primary and community mental health services should be further developed to include additional competencies, such as counsellors, dieticians, peer support workers, outreach workers, job coaches and others. These services are not available for most children or young people and are highly underdeveloped where they do exist.

Specialist Child and Adolescent Mental Health Services (CAMHS)

CAMHS is supposed to provide care for children with moderate to severe mental health conditions. However, referrals are not always straight forward and waiting lists now exceed 4,300 children with 1-in-6 waiting more than a year.

The interim report of the Inspector of Mental Health Services review of CAMHS published in January 2023 found:

- Lack of staff with high turnover,
- Lack of capacity to provide needs-based therapeutic programmes,
- Poor monitoring of medication,
- Lack of clinical governance, and
- Long waiting lists all leading to risk to the safety and wellbeing of children.

The report noted that 73 CAMHS teams exist which is short of the HSE's target of 79 teams. It also reported that in the existing teams, staffing levels are inadequate and, in some areas, below what is required to provide a safe service. Some teams are operating at or below 50% of appropriate staffing levels. In addition to clinical staff shortages, the report notes there are no Practice Managers



and only four Team Co-ordinators. It noted "many posts that should be funded in order to provide a basic service are not approved nor funded."³

It also suggests the current CAMHS model is outdated in that it depends too heavily on consultant psychiatrists. It finds international practice favours a more multi-disciplinary approach.

Provision for children with intellectual disabilities is particularly grave. As per the previous official mental health policy, 'A Vision for Change,' we should have 16 CAMHS-Intellectual Disability Teams comprising 176 staff. However, we have just 4 teams with only 38 staff. This is less than one quarter of what is required.

Waiting times for children who are eligible for and in need of CAMHS services can also be exacerbated further by the application of the referral criteria. There appears to be very little consistency across teams. The Report found "[t]he acceptance rates for referrals to CAMHS varies considerably from 30% in one team to over 80 % in others."⁴

Inpatient services

Inpatient capacity in recent years has been restricted due to staffing issues. In theory, there are 72 CAMHS inpatient places. However, only 53 are operational. This limited capacity by 30% in 2022. Facilities such as Linn Dara, which had 11 beds and closed in May 2021, have not re-opened. The shortage of CAMHS beds has resulted in the inappropriate placement of children in adult facilities.

All people deserve dignity in care. Inpatient facilities should be age appropriate, whether for children, for adolescents, for young adults, or for others. Greater investment in capacity and development of the workforce is needed to ensure that all our children are being cared for in an appropriate setting.

According to the Government's own strategies, A Vision for Change and Sharing the Vision, we should have 100 beds for the population in 2006 at a time when there were only 20 beds. Adjusting for population growth, the figure today would equate to approximately 115 beds. This is a shortfall of 64 beds at current operational levels.

3 Mental Health Commission, Interim Report arising from an Independent Review of the Provision of Child and Adolescent Mental Health Services (2020), p. 23.

4 Mental Health Commission, Interim Report arising from an Independent Review of the Provision of Child and Adolescent Mental Health Services (2020), p. 15.



Early intervention in psychosis

Psychosis is a condition that affects the way the brain processes information and affects 3% of the population. Psychosis is associated with an array of mental illnesses including schizophrenia, bipolar affective disorder, and severe depression. Psychosis typically has its onset in an individual's late teens or early twenties. There are typically long delays between the onset of symptoms and people accessing treatment.

The longer these delays the worse the health and social outcomes for people. Early intervention in psychosis (EIP) services improve outcomes by supporting people to access care quickly and offering people personalised support. Personalised support can be in the form of a dedicated keyworker, access to psychological intervention, family intervention and support, employment support and physical health screening and support, in addition to typical health care services.

According to the HSE:

"20 years of international data now demonstrate that EIP Services improve service users outcomes, reduce relapses, reduce requirement for hospital admission at first presentation and later, reduce suicide rates and increase retention in education and work. EIP is an 'Invest to Save' Clinical Programme. Each €1 invested in EIP results in €18 saving to the health service by reducing admissions, reducing relapses, reducing crisis presentations and increasing retention in employment and education."⁵

To reduce the delays in accessing services and reduce the risk of severe lifelong illness, the EIP programme was devised. A recent evaluation of three demonstration sites in Ireland has shown that the EIP programme works and that it is preferred by service users, their families, and mental health clinicians.

There are currently just five Early Intervention in Psychosis teams. It is estimated that an additional twenty are needed to meet demand and ensure a timely service. It is essential that early intervention in psychosis is integrated with the new youth stream of care for 12–25-year-olds.

Standards of practice, governance, and integrated care

There are pockets of innovative and effective practice across many teams and services. However, these practices are not being applied as standard across all services. A post-code lottery determines the level, quality and indeed the safety of the service a child or young person receives, rather than good governance and regulation guaranteeing standards across the board.

There are also significant IT deficits that inhibit effective case and file management, monitoring, auditing, and risk management. This prohibits digital integration of services and patient files, which limits the effectiveness and quality of wider health service provision.

Integrated care is far from a reality in our mental health services for children and young people. The HSE defines Integrated Care as “all services working together centred on the needs of the person”. Integrated care means CAMHS, primary care services and Children’s Network Disability Teams, for example, should all work together in a well-co-ordinated and cohesive manner to meet the physical and mental health needs of our children. Instead, the patient is impeded by disagreements over which services or organisations should assess and treat children and transfers from waiting list to waiting list without meaningful treatment or intervention. Patients and their families frequently report frustration for both the professionals working in the services and the patients depending on our services.

The end result is a system that inappropriately depends on already stressed and ill-equipped parents to become case managers for their children in what can be very complex medical cases. Ultimately, it allows for vulnerable children to slip through the cracks or become ‘lost’ altogether with little accountability whatsoever.



Priorities for Change

1. Improve access and reduce CAMHS waiting times

Reducing waiting times for accessing services requires a very significant, well planned, and sustained investment in expanding the mental health workforce. Consultant psychiatrists are critical members of CAMHS teams and there is a significant shortage. A lack of consultants and inpatient capacity has led to poor clinical governance and patient safety risks. A lack of multi-disciplinary community teams has pushed more care onto CAMHS, and a deficit in CAMHS teams has pushed many children away from services or into adult services.

To improve access and reduce mental health service waiting times, Sinn Féin would:

- **Rebalance care towards early intervention and condition management by multi-disciplinary primary care and community-based teams,**
- **Invest in a sustainable and safely staffed baseline of CAMHS services by first restoring bed capacity to 72, and reaching the necessary 115 beds over a multi-annual timeframe backed by a workforce plan,**
- **Deliver the full complement of fully staffed CAMHS teams in line with Sharing the Vision (2006), including 12 CAMHS-Intellectual Disability teams, and ensure adequate facilities to address concerns raised by the Mental Health Commission,**
- **Deliver digitally enabled integrated care to facilitate seamless transitions of care,**
- **Engage with workers and their representatives to resolve recruitment & retention barriers, and work with healthcare professionals to deliver the solutions they need,**
- **Plan further and higher education places based on future service need to deliver new teams and ensure safe staffing levels,**
- **Ensure that services can support patients with disabilities,**
- **Strengthen linkages with specialist secondary and acute care services, such as for substance use and eating disorders.**

We estimate that, over 5 years, the collection of measures under this priority would require an additional €62 million in recurring funding and €35 million in capital or one-off spending.

2. Expand CAMHS to cover young adults up to 25 years of age

It has been demonstrated that approximately 50% of mental health problems are established by the age of 14, and 75% by the age of 24. As with any illness, early intervention is essential to long-term health and wellbeing. However, young people over 18 who develop a mental illness in these critical years are more likely to fall through the cracks. Others fall out of services at 18 with poor continuity of care into adult services for a variety of reasons.

To expand CAMHS to cover young adults up to 25 years of age, Sinn Féin would:

- **Develop the Child and Youth Mental Health Service (CYMHS) over the medium term to cover all young people up to 25,**
- **Reconstitute existing CAMHS and General Adult Mental Health Service (GAMHS) capacity to facilitate the development of CYMHS,**
- **Develop professional skills in youth mental health to equip the CYMHS workforce,**
- **In the interim, mandate a six-month transition period for young people moving from CAMHS to GAMHS,**
- **Target early intervention programmes at young adults aged 18-25 to ensure this cohort is identified and their needs met while building capacity in youth mental health services.**

The funding for measures under this priority is provided under priority 1.

3. Expand services for children who do not meet CAMHS criteria

There are many children and young people who might meet some but not all the criteria for CAMHS or have full eligibility but cannot get a place. Patients discharged or turned away from CAMHS can have difficulty in securing continuity of care and condition management. Children and young people with co-existing physical needs or disabilities may be transferred from waiting list to waiting list without ever receiving a proper assessment or a full service. Specific actions must be taken to increase access to care among this cohort of children and young people.

To address these shortfalls in services, in addition to the capacity expansion measures previously outlined, Sinn Féin would:

- **Resource primary care and community-based mental health teams to employ a wide range of disciplines on a consistent basis to provide a more comprehensive service for young people,**

- **Establish counselling services in primary care for children and young people, and implement a multi-annual plan for achieving universal counselling in primary care,**
- **Prioritise integrated care and digital transformation for primary care, mental health, and disability teams to ensure accurate waiting lists and seamless transition and continuity of care between services,**
- **Prioritise investment in Jigsaw, including its online services, to expand the accessibility of mental health services, and ensure that Jigsaw is recognised as an acceptable referral agent for higher acuity services as standard, and ensure seamless integration with GP services,**
- **Provide €75 million over 5 years for a time-limited and temporary Community Care Access Fund to leverage private sector capacity to bridge the gap for children with long waits while public sector capacity is developed.**

We estimate that, over 5 years, the collection of measures under this priority would require an additional €37 million in recurring funding and €78 million in capital or one-off spending. Additional funding requirements for our wider universal GP and primary care strategy will form part of our forthcoming Alternative Budget proposals.

4. Invest in Early Intervention in Psychosis

Early intervention in psychosis is essential to avoid severe lifelong ill-health. As psychosis is generally established in an individual by their late teens and early twenties, youth mental health services targeted at young people under 25 would be in pole position to identify those in need of early intervention. This needs to be supported by robust primary and community mental health services which are capable of identifying psychosis and which have appropriate referral pathways to support early intervention.

There are currently just five early intervention in psychosis teams but it is estimated that an additional twenty are needed to meet demand and ensure a timely service.

To deliver early intervention in psychosis, Sinn Féin would:

- **Fully resource the development of 25 early intervention in psychosis teams over a multi-annual timeframe, and ensure integration across the stream of youth mental health services,**
- **Invest in additional training posts for specialising in psychosis intervention to develop a sustainable workforce to fully staff the required EIP teams.**

We estimate that, over 5 years, the collection of measures under this programme would require an additional €30 million in recurring funding.

5. Regulate CAMHS and develop national standards for care

Recent experience has shown that CAMHS services are not properly regulated or compliant with the expectations of patients, families, the public, or stakeholders. The ongoing investigation by the Mental Health Commission has already called for the regulation of CAMHS under the Mental Health Act 2001. This would empower the Mental Health Commission to work with stakeholders, including clinical staff, to develop rules and standards to govern the provision of CAMHS services. This should help to address the postcode lottery nature of service provision and increase clinical governance and thus the safety of services. The standards must include monitoring of antipsychotic medication. Regulation by itself will not be sufficient and significant investment is needed to properly resource CAMHS to deliver a high-quality service.

To improve service provision and patient safety, Sinn Féin would:

- **Regulate CAMHS under the Mental Health Act to ensure oversight and regulation by the Mental Health Commission,**
- **Ensure the development of national standards for child and youth mental health services,**
- **Regulate the monitoring of anti-psychotic prescriptions for the purposes of ensuring follow up and that no child is unnecessarily or inappropriately medicated,**
- **Support improvements in service quality and clinical governance with investment in workforce development.**

Funding for the implementation of new regulations and oversight mechanisms would need to be further assessed on development of these structures following consultation with the sector.

6. Deliver integrated, person-centred care

Integrated care is at the heart of Sláintecare reforms. At a high level, it is about regional population-based resourcing and planning to ensure that the health budget is being spread equitably across the state according to local population health and disease burden. It is tied up with Regional Health Areas which will be charged with integrating services at a local



level. Regional chiefs should be accountable for regional performance, both to the HSE centre and the political system.

In practical and clinical terms, integrated care is about delivering the right care in the right place at the right time. It is about prioritising early intervention, ensuring quick pathways for onwards referrals, and developing a service which is responsive to patient need. It is about delivering services as close to home as possible, if not in the home. It is about enabling online access to services, where appropriate.

Fundamentally, integrated care is about ensuring that no patient falls through the cracks and that the services and structures exist which will prevent this.

The success of integrated care hinges on digital transformation. Integrated digital systems for appointments, waiting lists and referrals, electronic health records, and ePrescribing, all enabled by individual health identifiers, are tools which any clinician should have appropriate access to in a modern health system. These do not exist in this State, with limited exceptions. The current digital health strategy is years out of date, and years more behind schedule. There has been a lack of ambition and no appetite for the radical change which is needed.

To deliver integrated, person-centred care, Sinn Féin would:

- **Progress Sláintecare reforms to HSE structures and management to deliver comparable, locally and regionally integrated health authorities which are accountable for performance and reform,**
- **Progress Sláintecare reforms to care delivery to shift more care to primary and community care teams, through the investments outlined in previous sections,**

- **Implement a new digital transformation strategy to modernise the health service, enable innovation, and deploy interoperable technological solutions to improve health service efficiency, integration, and patient experience.**

In previous Alternative Budgets, Sinn Féin have sought an additional €25 million in funding for digital transformation projects to modernise the health service, in addition to the €75m funded through the NextGenerationEU Recovery and Resilience Facility 2020-2024 for such programmes.

7. Provide funding certainty to improve planning and expand services

Multi-annual budgeting is central to improving planning for our health service. Funding certainty would give the HSE, regional health areas, and publicly funded organisations a clear indication of their funding levels for a coming period, and the headroom they will have for recruiting additional staff.

The HSE must be given multi-annual funding certainty to enable new Regional Health Areas (RHA) to be dynamic and efficient in implementing wide-ranging reforms. It is also central to the timely implementation of the proposals in this paper. Data informed, well planned and sustained multi-annual investment is necessary to transform our services and protect children and young people's mental health.

A similar approach is needed in workforce planning to develop a pipeline of clinicians via the expansion of undergraduate and postgraduate training places to meet future expected need. Sinn Féin would develop multi-annual strategic workforce plans through a politically accountable high-level group of Ministers and senior officials across Health, Higher and Further Education, and others.

The funding for these measures is captured in the broader funding proposals we published as part of our Alternative Budget for 2023.

AWARE



FREE CALL

☎ 1800 80 48 48

CHILDLINE

Childline

FREE CALL

☎ 1800 666666

PIETA HOUSE



FREE CALL

☎ 1800 247 247

SAMARITANS

SAMARITANS

FREE CALL

☎ 116 123

SAVE

Suicide Awareness Voices of Education



FREE CALL

☎ 1800 273 8255

SOSAD

Save Our Sons & Daughters



SOSAD Ireland

FREE CALL

☎ 1800 90 19 09

HSE Mental Health Helpline

FREE CALL

☎ 1800 111 888

Text  **50808** for 24/7 Mental Health Support



www.sinnfein.ie

SINN FÉIN'S PRIORITIES FOR CHANGE IN:

CHILD AND YOUTH MENTAL HEALTH



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